



TEXAS DEPARTMENT OF HEALTH
LICENSING AND ENFORCEMENT DIVISION

MULTIPLE

MULTIPLE PRODUCT LICENSES APPLICATION
(Health and Safety Code, Chapter 431)

Return both the completed application and fee made payable to the
TEXAS DEPARTMENT OF HEALTH in the envelope provided or mail to:
Texas Department of Health, P. O. Box 12008, Austin, Texas 78711.
You may visit our website at: www.tdh.state.tx.us/bfds

BUDGET: 7B707
FUND: 183
LICENSE #:

If you are a manufacturer of any food, drug, or device product, contact this office at (512) 719-0246 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: _____ () _____

PRODUCTS DISTRIBUTED: Mark all boxes that apply. **You must check two or more types of products in order to complete this application. If you do not check two or more boxes contact our office at the number above.**

☐ Food

☐ Devices

☐ Drugs

Do you distribute prescription devices? _____

Do you distribute prescription drugs (i.e. USP Oxygen)? _____

PRIMARY ACTIVITY (highest gross annual sales - check ONE only): ☐ Food ☐ Drugs ☐ Devices

FEE SCHEDULE FOR DISTRIBUTORS OF MULTIPLE PRODUCTS

License fee is based on **COMBINED** gross annual sales of food, drugs, and/or devices at each licensed place of business. The provisions regarding the sale of food, drugs, and/or devices shall be considered to include the offering, possessing, and holding of any such article for sale, and the sale, dispensing, and giving of any such article, and the supplying or applying of any such articles in the conduct of any food, drug, and/or device place of business.

COMBINED GROSS ANNUAL SALES

FEE

<input type="checkbox"/> \$	0.00	-	\$	199,999.99	=	\$ 200.00 for each place of business
<input type="checkbox"/> \$	200,000.00	-	\$	499,999.99	=	\$ 300.00 for each place of business
<input type="checkbox"/> \$	500,000.00	-	\$	999,999.99	=	\$ 400.00 for each place of business
<input type="checkbox"/> \$	1,000,000.00	-	\$	9,999,999.99	=	\$ 500.00 for each place of business
<input type="checkbox"/> \$	10,000,000.00	-	\$	or more	=	\$ 750.00 for each place of business

G Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00.

ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY THAT I HAVE FILED THE ASSUMED NAME CERTIFICATE IN THE APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 431 OF THE HEALTH & SAFETY CODE AND THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature _____

☐ OWNER

☐ PARTNER

☐ PRESIDENT

☐ CORPORATE DESIGNEE / AGENT

Date _____

Printed Name & Title _____

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

G New - Start Date of Regulated Activity: _____

G Amended - **G** Change of Ownership [previous owner: _____]
G Change of Location [previous location: _____]
G Change of Name [previous name: _____]
G Other: _____ } Enter the date the change was effective
Date: _____

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.

G Renewal - Renewals are valid for one year from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

G Notice that firm is out of business. Date: _____
Sign and date. Return for deletion from our records.

G Not required to license/permit
Reason: _____

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

(A license cannot be issued for manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence.) **Residence address, driver's license number, and date of birth are only required of drug and/or device applicants*

Name & Title

*Residence Address

*Driver's License Number

*Date of Birth

BUSINESS HOURS OF OPERATION: _____ m. to _____ m.

WEBSITE/ INTERNET ADDRESS: http://www. _____

BILLING INFORMATION (The license/permit and/or courtesy renewal notice will be sent to the following):

Billing Name: _____

Billing Address: _____

City, State, Zipcode: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

- A separate license/permit is required for each location. All licenses/permits should be displayed at the address licensed/permitted. (Water Vending licenses may be kept at the home office.)
- The license/permit will be valid for one year from the new, renewal, or change date.
- The license/permit renewal application and fee are due each year PRIOR TO the anniversary date. This office must be advised of any changes of ownership, name, or address PRIOR TO the change, as this will change the anniversary date. **Please note that it is the responsibility of the license/permit holder to remit the renewal fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license/permit will be issued.**
- For assistance in completing this application, call (512) 719-0246. Please address any correspondence to: Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM
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LICENSE/PERMIT HOLDER INFORMATION: Complete the required ownership information.

***Residence address, driver's license number, and date of birth are required of drug and/or device applicants ONLY.
INCLUDE A COPY OF YOUR DRIVER'S LICENSE**

Legal name of company must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.

Name	Tax Payer ID # or Charter #	Outlet #
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Mailing Address of Licensed Establishment	City and State	Zip

* Has the applicant, licensee, and/or managing officer been convicted of a felony or misdemeanor? (If yes, please attach a statement explaining the conviction.)	G Yes	G No
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G SOLE OWNER / PROPRIETORSHIP

Name	*Residence Address	*Drivers License Number	*Date of Birth
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G PARTNERSHIP G LLP

Name of Partnership	Effective Date of Partnership
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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G ASSOCIATION

Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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G CORPORATION G LLC

Name of Corporation	Date and Place of Incorporation
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President's Name	*Residence Address	*Drivers License Number	*Date of Birth
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Officers' Name	*Residence Address	*Drivers License Number	*Date of Birth
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Officers' Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name of Registered Agent	*Residence Address	Telephone Number
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